

SERIAL NUMBER 09/412,140	FILING DATE 10/05/99	CLASS 381	GROUP ART UNIT <del>3747</del> 2644	ATTORNEY DOCKET NO. 1062-104.US
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APPLICANT

CLIVE SMITH, ENGLEWOOD, CO.

\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*

VERIFIED PROVISIONAL APPLICATION NO. 60/103,018 10/05/98

CPJ

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*

VERIFIED

CPJ

NONE

\*\*FOREIGN APPLICATIONS\*\*\*\*\*

VERIFIED

CPJ

NONE

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 10/29/99 \*\* SMALL ENTITY \*\*

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CO	SHEETS DRAWING 5	TOTAL CLAIMS 18	INDEPENDENT CLAIMS 3
Verified and Acknowledged <u>CPJ</u> Examiner's Initials Initials					

ADDRESS

COLIN P ABRAHAMS  
5850 CANOGA AVENUE SUITE 400  
WOODLAND HILLS CA 91367

TITLE

MEDICAL DEVICE WITH COMMUNICATION, MEASUREMENT AND DATA FUNCTIONS

FILING FEE RECEIVED  \$380	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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